



PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/539,868
Filing Date	June 16, 2005
First Named Inventor	Slamon, Dennis J.
Art Unit	1645
Examiner Name	Not Yet Assigned
Attorney Docket Number	02307O-129910US

**ENCLOSURES (Check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard;<br>Supplemental ADS. |
|--|---|--|

Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Beth L. Kelly		
Date	4/21/06	Reg. No.	51,868

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Bruce L. Flanders	Date	4/21/06



## Supplemental Application Data Sheet

### Application Information

Application number::	10/539,868
Filing Date::	06/16/05
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Amplified and Overexpressed Gene in Colorectal Cancers
Attorney Docket Number::	02307O-129910US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dennis  
Middle Name:: J.  
Family Name:: Slamon  
Name Suffix::  
City of Residence:: Woodland Hills  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 23122 Calvert St.  
City of Mailing Address:: Woodland Hills  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 91367

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Lee  
Middle Name:: A.  
Family Name:: Anderson  
Name Suffix::  
City of Residence:: Los Angeles  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1134 Cardiff Avenue  
City of Mailing Address:: Los Angeles  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90035

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Charles  
Middle Name:: L.  
Family Name:: Ginther  
Name Suffix::  
City of Residence:: Los Angeles  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1134 Cardiff Avenue  
City of Mailing Address:: Los Angeles  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90035

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/01153	01/15/04
PCT/US04/01153	<u>Continuation-in-part of</u>	<u>10/346,367</u>	01/15/03

### **Foreign Priority Information**

Country::                                      Application number::                                      Filing Date::

### **Assignee Information**

Assignee Name::                                      The Regents of the University of California  
Street of mailing address::                                      111 Franklin Street, 12th Floor  
City of mailing address::                                      Oakland  
State or Province of mailing address::                                      CA  
Country of mailing address::                                      US  
Postal or Zip Code of mailing address::                                      94067